

# Massachusetts 2013 HAI Data Update

*This document is designed to help you better understand the data presented on the Summary Page that follows.*

**Standardized Infection Ratio (SIR):** This measure indicates how the actual number of healthcare-associated infections at a location compares to the predicted number of infections at that location. If a hospital experiences the same number of infections as predicted, the SIR has a value of 1. If a hospital experiences more infections, the SIR is greater than 1, and vice versa. A statistical interpretation is included with each SIR to indicate if the hospital experienced a statistically significant higher or lower number of infections than anticipated. Statistical significance means that the number of infections observed was unlikely to have occurred by chance alone. More information on the SIR can be found [here](#).

## Hospital Survey Statistics

**These statistics aim to provide a broad sense of patient care capacity and staffing in Massachusetts acute care hospitals** Every hospital in Massachusetts has Infection Preventionists who work to reduce healthcare-associated infections at their hospital. The Society for Healthcare Epidemiology of America (SHEA) recommends that there be at least one Infection Preventionist per 125 hospital beds.

## Central Line-Associated Blood Stream Infection (CLABSI)

CLABSI data are reported by ICU type since the risk of infection can vary greatly from one ICU to another depending on the type of patients in the unit and the type of treatments they receive. In addition to adult and pediatric ICUs, 10 hospitals in the state have neonatal ICUs, or NICUs.

The table included shows CLABSI data by ICU type. **Each location strives for zero infections.** The data presented in this table is from calendar year 2013 (January 1, 2013 through December 31, 2013). The predicted number of infections is calculated by multiplying the state baseline infection rate from 2011 and 2012 by the number of device days. The SIR and confidence interval of ICUs with a predicted number of infections less than 0.5 have been suppressed (---).

The **central line utilization ratio** measures how often and for how long acute care patients have a central venous catheter in place. This statistic is important because **fewer central lines mean fewer chances for infection.** A downward trend may indicate that a hospital has implemented an intervention to try to reduce CLABSIs by removing central lines when not absolutely necessary. An upward trend does not necessarily indicate a change that is within the hospital's control.

The **Hospital and State CLABSI SIRs** chart shows how the hospital SIR and the state SIR have changed over time across all ICU types. The state line represents the SIR among comparable ICU types in the state. The SIRs in this chart use predicted values calculated by multiplying the average rate of infection for a given location from the 2012 national data by the number of device days, so they are different from the values found in the table above. **As CLABSIs are prevented, the SIR for a hospital should decrease.**

## Surgical Site Infection (SSI)

The risk for SSI varies by procedure type as well as individual patient and hospital factors. The CDC uses a formula that takes into account important risk factors to determine the predicted number of infections used to calculate the SIR. In previous years, procedures with implants were observed for infection a full year after the procedure. These procedures included CABG, HPRO, and KPRO procedures. Beginning in 2013, the surveillance period was changed to 90 days for deep incisional and organ/space SSI for these three procedure types. Abdominal and vaginal hysterectomies continued to be observed for 30 days after procedure, as in previous years.

The table entitled **Hospital SSI SIRs by Procedure Type** contains data for all years available for each procedure currently under surveillance. **Each hospital strives for zero infections.** A statistical interpretation of *Same* or *Lower* means that the number of infections was comparable or better than expected, while an interpretation of *Higher* means that the number of infections was worse than the expected.

The chart included depicts SSI statistical interpretations for 2010 through 2013. It is meant to be used as a quick assessment of significant variation of infection rates over time. This chart does not capture change in infection rates that were not statistically significant.